



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
 www.dbc.ca.gov



APPLICATION FOR MOBILE DENTAL CLINIC PERMIT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. **ANY OMISSIONS, OR INACCURACIES ARE GROUNDS FOR DENIAL.** The Dental Practice Act provides that a willfully false statement in a material regard is a **MISDEMEANOR**. If the space for any answer is insufficient, the applicant may complete his or her answer on a rider signed by him or her and specifying the number of the question to which it relates.

Non-refundable fee: \$100.00

OFFICE USE ONLY

Receipt No.: _____ ATS#: _____

Date Filed: _____ Fee Paid: _____

Permit No.: _____ Issue date: _____

Exp. Date _____ Denial Date _____

Complete this section if applying as a licensed dentist

1. Name (Last, first, middle)

2. Mailing Address of record for Mobile Clinic:

_____, CA _____
 Number and Street City Zip

 Telephone number CA dental license number Social Security Number

3. Complete this section if applying as a property and casualty insurer

Name of Business _____

Business address:

_____, CA _____
 Number and Street City Zip

 Telephone number Tax ID number Social Security Number

4. Does the clinic have a written procedure for emergency follow-up care for patients treated in the Mobile Dental Clinic? The procedure should include arrangements for treatment in a dental care facility that is permanently established in the area. _____ Yes _____ No
5. Does the clinic have communication facilities in the Mobile Dental Clinic that will enable the operator to contact necessary parties in the event of a medical/dental emergency? _____ Yes _____ No

6. Does the Mobile Dental Clinic conform to all applicable federal, state, and local laws dealing with radiographic equipment, flammability, construction, sanitation and zoning, and possess all applicable county and city licenses or permits to operate a Mobile Dental Clinic?

_____ Yes _____ No

7. Does the Mobile Dental Clinic have the following:

1. An access ramp or lift if services are provided to disabled persons? _____ Yes _____ No
2. An adequate, properly functioning sterilization system? _____ Yes _____ No
3. Access to an adequate supply of potable water, including hot water? _____ Yes _____ No
4. Ready access to toilet facilities? _____ Yes _____ No
5. A covered galvanized, stainless steel, or other non-corrosive metal container for deposit of refuse and waste materials? _____ Yes _____ No

Licensee applicants

I am the applicant for a Mobile Dental Clinic permit; I have carefully read the questions in the foregoing application, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature

Date

Property and casualty insurer applicants

The company named herein is the applicant for a Mobile Dental Clinic permit; as the authorizing official of said company, I have carefully read the questions in the foregoing application, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Printed name

Title

Contact telephone number(s) _____

Signature

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer Cynthia Gatlin, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may be made public.